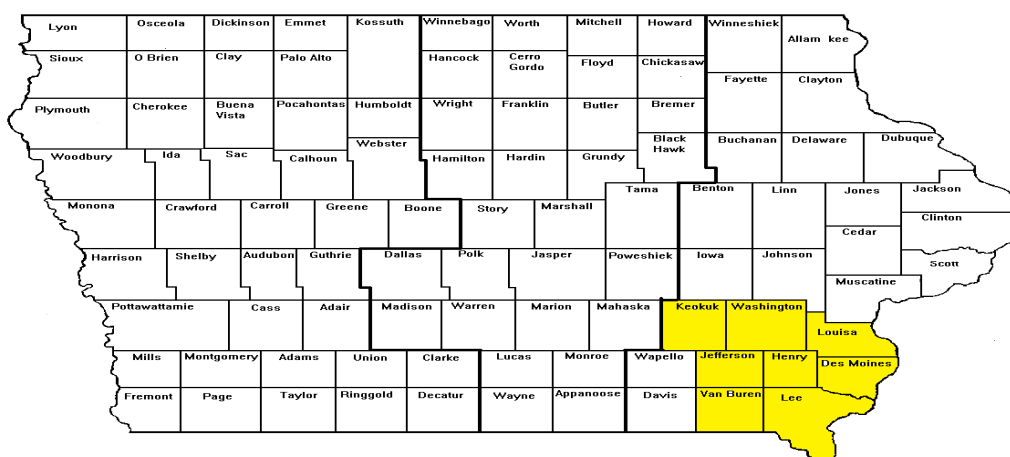


SOUTHEAST IOWA LINK (SEIL)

Mental Health and Disability Services

Annual Service and Budget Plan for FY19

Serving Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren
and Washington Counties



Mission:

Collaborate with people to provide welcoming individualized and integrated services that create opportunities to improve lives.

Vision:

The Vision of Southeast Iowa Link is to facilitate open, quality and comprehensive services to people with multiple issues in their lives. We strive to be welcoming, hopeful and helpful to people who have complex MHDS challenges, including trauma.

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INTRODUCTION

Southeast Iowa Link (hereafter referred to as SEIL) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SEIL Management Plan is comprised of three parts: Annual Service and Budget Plan, Annual Report, and Policies and Procedures Manual. The Annual Service and Budget Plan includes: local access points, Targeted Case Management agencies, a plan to address prevention, ensuring effective crisis stabilization, a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions. Upon implementation of the initial SEIL management plan, each subsequent year an Annual Report will be submitted as per legislative direction, as well as the Annual Service and Budget Plan.

The Annual Service and Budget Plan has been approved by the SEIL Governing Board and is subject to approval by the Director of Human Services.

The SEIL Management Plan is available at <https://dhs.iowa.gov/sites/default/files/13-SEIL-P%26P.pdf> and at each local SEIL office.

ACCESS POINTS

An access point is a part of the service system or community that shall be trained to assist with the MHDS funding applications for persons with a disability. SEIL has designated the county MHDS offices for this function. Also noteworthy for these access points, the commitment of SEIL to provide a no wrong door approach with attention to provision of service that is warm and welcoming, integration focused, multi-occurring capable, and trauma informed.

County Office Access Points	Address	Phone
Des Moines	910 Cottonwood, Suite 1000, Burlington, IA 52601	319-754-8556
Henry	106 N Jackson St., Suite 102, Mt Pleasant, IA 52641	319-385-4050
Jefferson	Courthouse, 51 E. Briggs, Fairfield, IA 52556	641-472-8637
Keokuk	615 South Jefferson, Sigourney, IA 52591	641-622-2383
Lee	307 Bank St. PO Box 937, Keokuk, IA 52632	319-524-1052
Louisa	503 Franklin St., Suite 1, Wapello, IA 52653	319-523-5125
Van Buren	404 Dodge Street, Courthouse, Keosauqua, IA 52565	319-293-3793
Washington	2175 Lexington Blvd. Bldg. #2, PO Box 902, Washington, IA 52353	319-653-7751

TARGETED CASE MANAGEMENT (IAC 441-25.21(1)g)

SEIL has evaluated interested agencies and made a recommendation to the SEIL Governing Board in regard to the designation of Targeted Case Management (TCM) entities that will offer services to individuals enrolled in the Medicaid Program within the region. As per Iowa Administrative Code 441-25.21(1)g, SEIL TCM designates will offer access to cost effective, evidenced based, conflict free Targeted Case Management.

Additionally, designated Targeted Case Management agencies serving the SEIL region must be accredited by the Department of Human Services and meet the following standards of service as defined in IAC 441:

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g which may include the use of electronic record keeping and remote or internet based training

SEIL has identified and designated the following providers:

TCM Designates	Address	Phone number
DHS Targeted Case Management	1035 Ave H, Fort Madison, IA 52627	319-372-7079

Note: Due to recent events related to changes in Medicaid Managed Care Organization protocols, access to Targeted Case Management has been drastically reduced. DHS-TCM is the only TCM service available to individuals within our region, as all other TCM providers have been forced out of business due to the determination of MCOs to internalize care coordination service. DHS-TCM has also experienced a drastic reduction in service provision capacity. Only three case managers remain in the SEIL region for provision of TCM service.

CRISIS PLANNING

The SEIL region has expended a lot of time, partnering, and financial investment to develop an extensive and seamless crisis service system. The SEIL strategic plan completed in FY16 was the foundation and blueprint to the creation, development, and projected sustainability of the service array deemed essential and necessary to meet the unique needs of our region and local communities, with attention to financial, provider, in kind, and additional resources. Senate File 504 directed all regions to convene stakeholder workgroups and develop a Region Community Services Plan. This plan was created and submitted to the Department of Human Services October 16th 2017. It was developed in good faith with a wide variety of stakeholders from multiple disciplines and was anticipated to be the next template for SEIL Region crisis service/complex need service development. The SEIL Region Community Service Plan strongly resembled the Statewide Complex Needs Workgroup recommendations, but with a few variances in service and foundations for development. The most prominent variants include the recommendation from the statewide workgroup for an ACT team locally; a singular statewide 24 Hour Crisis Hotline, and Access Centers that have other service components embedded in the service i.e. sub-acute and crisis stabilization residential services. The SEIL region is committed to proceeding accordingly to stay in compliance with legislative direction as well as with mindfulness of resource availability and sustainability (financial, provider accreditation/capacity/competency/licensing, capital asset availability, blended funding opportunity, etc.) in the service development processes that will produce quality outcomes for individuals served.

Though it is presently assumed that there will be new legislation pertaining to MHDS Regions core services, the priority and trajectory at present will be the work of our SEIL stakeholder workgroup as identified in the SEIL Community Services Plan.

New Service Investments	Time Frames for Implementation.	Projected Costs
5 Star Quality Training*	July 2017-June 2018	\$10,000-One Time Cost Collaboration with other Regions
Crisis Intervention Training-Public Safety*	July 2017-June 2018	\$15,000-Every other year
C3 De-escalation Training-Service Providers targeting Direct support personnel*	October 2017-October 2019	\$18,000- 2 years
Crisis Intervention Team- Rural Model	July 2018-ongoing	\$68,000- Annually Projected 3% price index increase
Mobile Crisis- Hybrid model using a combination of electronic technology and personnel dispatch	July 2018-ongoing	\$100,000- Start Up cost \$105,000- Annually
Specialized Service Coordination for Complex Needs Population	July 2018- ongoing	\$80,000- Annually Projected 3% price index increase
Co-occurring Residential Treatment^	January 2018	\$1,149,750-Annually Braid funding Medicaid/Region/Public Health Estimated on a \$210 per diem rate 15 bed capacity
No Eject/No Reject (low admission criteria) pre and post hospital service for observation and person centered intervention/treatment strategy development. (Pre-Booking/Transitional Services/Post Acute)	July 2018-ongoing	\$775,625- Annually- Braided Funding Estimated on a \$425 per diem rate
Permanent Supported Housing*	July 2017-ongoing	\$200,000- Annually Projected on averaged fair market rental lease- 30 units with Section 8 subsidy

*Indicates that initial investment commenced in FY18 and future action steps will be taken to maintain awareness, impact, outcomes, and sustainability of effort ongoing.

^Indicates a service that was not able to meet target initiation date due to service provider partners experiencing financial and service provision difficulties in changing Medicaid system of service delivery and rate structures.

CRISIS SERVICES

Of the current core crisis services available; personal emergency response system, crisis evaluation, and 24 hour access to crisis response are all readily available in the SEIL region to individuals that are in need of such service. Furthermore, SEIL has invested and worked collaboratively with others (providers and MHDS Regions) to develop and/or offer additional core services including: 24 hour crisis line, mobile response, 23 hour crisis observation and holding, Crisis Stabilization Community Based Services, and Crisis Stabilization Residential Services.

Additional supplemental services and system enhancements have been directed by the SEIL region to address local presenting need, obstacles, and challenges. Service availability includes: Civil Commitment Prescreening, Crisis Assessment, emergent and urgent care appointments, Integrated Health Home Care Coordination, behavioral interventionist services, Jail Diversion, Crisis Intervention Training, and Peer self-help drop-in centers. Provider/system enhancements include Crisis Prevention Intervention Training, C3 De-escalation, 5 Star Quality, seven (7) Hospital Emergency Departments linked to Community Based outpatient therapists for evaluation/assessment as well as the Behavioral Health Assessment Team of Great River Medical Center for consult/assessment/outpatient diversion/acute bed find services. Contracted Community Mental Health Centers, Hospitals, and providers of the SEIL region are listed below to demonstrate the efforts to develop an integrated, well coordinated, and multi faceted approach to service delivery across the spectrum of levels of care:

AREA	Location	Address	Phone number
Des Moines	Community Health Centers of Southeastern Iowa, Inc.	1706 West Agency Road, West Burlington, IA 52655	319-768-5858
Des Moines	Great River Mental Health	1225 S Gear Ave Mercy Plaza Ste251 West Burlington, IA 52655	319-768-3700
Des Moines	Great River Medical Center	1221 S Gear Ave West Burlington, IA 52655	319-768-1000
Des Moines	Hope Haven	828 N. 7 th St., Burlington, IA 52601	319-754-4689
Des Moines	Optimae Life Solutions Behavioral Health	407 N. 4th St. Burlington, IA 52601	319-752-3385
Des Moines	Young House Family Services	400 South Broadway West Burlington, IA 52655	319-752-4000
Henry	Hillcrest Family Services	106 N Jackson, Mount Pleasant, IA 52641	319-385-7177
Henry	Henry County Health Center	407 S. White St., Mt. Pleasant, IA 52641	319-385-3141
Henry	Transition Link	106 N Jackson, Mount Pleasant, IA 52641	319-385-4050

Jefferson	Jefferson County Health Center	2000 S. Main St. Fairfield, IA 52556	641-472-4111
Jefferson	Optimae Life Solutions Behavioral Health	301 W Burlington Ave, Fairfield, IA 52556	641-472-1684
Jefferson	Tenco	710 Gateway Dr Ottumwa, IA 52501	641-682-8114
Keokuk	Keokuk County Health Center	23019 Highway 149, Sigourney, IA 52591	641-622-2720
Keokuk	River Hills Community Health Center	300 West Kelly St. Sigourney, IA 52591	641-224-8061
Keokuk	First Resources	100 N Main St. Sigourney, IA 52591	641-622-2543
Keokuk	Hillcrest Family Services Washington County CMHC	2175 Lexington Blvd, Bldg. 2 Washington, IA 52353 and/or 23019 Hwy 149 Sigourney, IA 52591	319-653-6161
Lee	Counseling Associates	1124 Ave. H Ste 2, Fort Madison, IA 52627 1522 Morgan St Keokuk, IA 52632	319-372-7689 319-524-0510
Lee	Fort Madison Community Hospital	5445 Ave. O, Fort Madison, IA 52627	319-372-6530
Lee	Dr. Kantamneni	1512 Morgan St, Keokuk, IA 52632	319-524-8976
Lee	Unity Point Health-Keokuk	1600 Morgan St., Keokuk, IA 52632	319-526-8762
Lee	Optimae	509 Ave. F, Fort Madison, IA 52627	319-372-3566
Louisa	Hillcrest Family Services Louisa County CMHC	218 N. 2nd St. Wapello, Iowa 52653	319-527-5455 24 Hr Crisis Line 855-500-1239
Van Buren	Optimae Life Solutions Behavioral Health	301 W Burlington Ave, Fairfield, IA 52556	641-472-1684
Van Buren	Van Buren County Hospital	304 Franklin St., Keosauqua, IA 52565	319-293-3171
Washington	Hillcrest Family Services Washington County CMHC	2175 Lexington Blvd, Bldg. 2 Washington, IA 52353	319-653-6161
Washington	Washington County Hospital and Clinics	400 E. Polk St., Washington, IA 52353	319-653-5481

FUTURE PLANNING

- SEIL will continue to research, discover, acquire, and utilize financial and/or offsetting resources to blend and braid funding/resources for the purpose of effective, efficient, and sustainable service array that fully utilizes diversified funding strategy.
- SEIL will maintain a working relationship with the State's identified Managed Care Organization contracted entities to share projected penetration/utilization rates for crisis services in development as it relates to data of the regions pertaining to complex need cases and data of the MCOs projected Medicaid beneficiaries that would qualify for identified core crisis service by meeting designated access standards.

- SEIL will make effort to continue to educate the public regarding Mental Health and Disability Services with attention to preventative measures i.e. Mental Health First Aid, Suicide prevention, holistic health concepts, etc.
- Continue to facilitate professional competencies for employees within our region service system and provider network. Emphasis will be given to multi-occurring, trauma informed, motivational interviewing/strength based approach, stage matched, person centered intervention knowledge and skills.
- SEIL will continue to expand on our collaborative efforts across multiple disciplines to best serve our core service populations.
- SEIL will assess, plan, and implement intervention strategies across the continuum of need that is effective and efficient for individuals residing in our region with mindfulness of access to necessary resources and issues of sustainability.
- Efforts will continue to formalize resource inventory into applicable resource guide and make public/market SEIL related information, referral, and resources. This also includes public speaking opportunities to expand Region mission and function.
- Continue to conduct gap analysis/utilization review for crisis and stabilization services.
- Forecast potential obstacles to sustainability that would deter service development
- Continue to develop outcome and value based service array solidified in contractual agreements with region service providers and working with QSDA group to gain some degree of standardization across the regions and state.
- Continue to work collaboratively with Managed Care Organizations to facilitate seamless service delivery to individuals across the array of publicly funded benefits and with mindfulness of the importance of continuity of treatment in the life of each individual served.
- Create a network of care across multiple disciplines (DHS, DOC, Elder Affairs, IDPH, Law Enforcement, Lifelong Links, Vocational Rehabilitation, Workforce Development, etc.) to facilitate person centered, multi-occurring capable, evidence/recovery/strength based, integrated, solution focused options in service for individuals in need.
- SEIL will continue to move toward a Value Based Contracting/Performance approach to service development in alignment with CMS guidance.
- Data validation will be commenced via the collection of individual social determinant information in the Community Services Network. Efforts continue to be made to collect baseline data using the provider network for input. Additionally, SEIL is working with

providers to identify Complex Need population numbers as per the agreed upon quantifiable measures with the Department of Human Services. Protocols for data validation will be determined on a statewide basis thru the CEO collaborative to ensure uniformity in analysis and validation.

SCOPE OF SERVICES AND BUDGET FOR FY'19

SEIL continues to develop regional service access and array. The FY 19 budget was developed at the local level by the personnel of the individual counties, the county Board of Supervisors that wield taxing authority, and with close attention to the financial obligation of SEIL contracts/mandates, utilization of county resources/employees, DHS Redesign Progress Report and potential legislative changes to the system. SEIL Governing Board members and SEIL Management Team facilitated many discussions on the budgeting process at governing board meetings and at the local level with Board of Supervisors. Recommendations were made as it relates to projected expenditures, levy capacity per current law, and existing fund balances maintained at the local and regional level. The SEIL budget recommendation was to build a stratified per capita expenditure budget as the minimum investment to the region with mindfulness of historical expenditure and future service development in the upcoming fiscal year. The revenue used to build that minimum budget could be derived from fund balance, levy, or a combination thereof as determined most appropriate at the local level by the Board of Supervisors in each county. The allocation of fund balance into the expenditure budget demonstrates once again a good faith effort on the part of SEIL/member counties to develop service while simultaneously reducing property tax asking and spending down fund balance responsibly and within the directive of legislation per SF504. This again did not occur without controversy at the local level as the perspectives are varied on the issue either as a property tax reduction issue, revenue reduction issue, service development issue, and/or impediment to home rule issue. County members are now equalized in their maximum capacity which does make expenditure projection easier and take a tone of respective financial obligation across the asking of the region member counties. With the equalization of county member levy capacity on a per capita basis, as well as the looming threat of consequence to not meet the cash flow target of 20% to cross fiscal years in anticipation of tax revenue to the county account, the SEIL Governing Board proceeded to pool funds for all service related cost in FY19. The only allocation of expenditures to be retained at the local level will be for administrative cost.

SEIL's mission is to collaborate with people to provide welcoming individualized and integrated services that create opportunities to improve lives. These services will be in the least restrictive environment to meet individual need and will be guided by conflict free clinical assessment and care coordination. Olmstead: Community Integration for Everyone will be a driving principle to ensure individuals receive the most appropriate level of care services to meet their needs. SEIL will strive to be welcoming, hopeful and helpful to people who have complex MHDS challenges, including trauma. Furthermore, as indicated in the SEIL Management Plan, it is our objective to develop a system of care approach that is characterized by the following principles and values:

- Welcoming individualized and integrated services
- Provide access to comprehensive need based services

- Person centered and family driven
- Being able to sustain a quality of life in the community of choice
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable
- Embraces the importance of social inclusion and recognizes the detriment of social isolation to a person's health, safety, and well being

SEIL shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the SEIL MHDS Management Plan, within the constraints of budgeted dollars and per legislative direction. SEIL shall be the funder of last resort and regional funds shall not replace other funding that is available, nor shall it supplement other forms of public benefit for "same service." An individual who is eligible for other privately or publicly funded services and supports must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Many services developed by the SEIL region will have the capacity to blend and/or braid funding. SEIL will pursue those opportunities vigorously to ensure diversity in cash flow to build, maintain, and sustain appropriate service delivery array.

Below is the scope of services. As indicated in the SEIL MHDS Management Plan, the standardized functional assessment for eligibility based services (as indicated in Iowa Code 331.396 and determined by the Director of Human Services in consultation with the state commission) must support the need for services of the type and frequency identified in the individual's case plan. The number indicated under target populations and additional population is a projected estimate of numbers served in each of the priority service areas that are funded via the region in either a fee for service or variation of rate attributed cost based on utilization and/or per capita funding mechanism.

Core Domains (IC331.397)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Assessment and evaluation COA 43-301	<p>Evaluation (Non Crisis) is for screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.</p> <p>The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.</p>	MI, ID 229,1	DD 0	<p>Assessment completed within 90 days of notice of enrollment.</p> <p>Emergency: within 15 minutes of phone contact.</p> <p>Urgent: within 1 hour of presentation or 24 hours of phone contact.</p> <p>Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Crisis evaluation within 24 hours.</p> <p>Individual who has received inpatient treatment shall be assessed within 4 weeks.</p>
Mental health outpatient therapy COA 42-305	<p>Evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient Services include psychiatric evaluations, medication management and individual, family, and group therapy.</p> <p>In addition, outpatient services shall include specialized outpatient services directed to the following segments of the target population: children, elderly, individuals who have serious and persistent mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility.</p> <p>Outpatient services shall provide elements of diagnosis, treatment, and appropriate follow-up.</p>	MI, ID 229,1	DD 0	<p>Emergency: within 15 minutes of phone contact.</p> <p>Urgent: within 1 hour of presentation or 24 hours of phone contact.</p> <p>Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Utilization Review: Clinical Evaluation - 1 every 12 months Therapy- 48 hours per year Group Therapy- 16 hours per year</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Medication prescribing and management COA 42-306	<p>Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining</p>	MI, ID 0,0	DD 0	<p>Emergency: within 15 minutes of phone contact.</p> <p>Urgent: within 1 hour of presentation or 24 hours of phone contact.</p> <p>Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered</p>

	<p>the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.</p> <p>Medication management-services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.</p>			<p>within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Outpatient treatment evaluation supports the need for this service.</p> <p>Utilization Review: 12 per year</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
<p>Mental health inpatient treatment COA 71-319 State mental health institutes</p> <p>73-319 Other public/private hospitals</p>	<p>Institutional/hospital and commitment services are services provided at a state Mental Health Institutes or State Hospital Schools, in hospital settings, or to people undergoing court commitment process.</p> <p>Inpatient/community hospital is for inpatient expenses incurred at community based hospitals, either private or public. All inpatient (including less than 24 hours), emergency room charges at admission.</p>	MI, ID 13,0	DD 0	<p>Shall receive treatment within 24 hours.</p> <p>Inpatient services shall be within a reasonably close proximity to the region (100 miles).</p> <p>Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.</p> <p>SEIL shall fund at host county/region contractual rate and in the absence of a contract, SEIL shall reimburse at the current Medicaid rate. At State Mental Health Institutes SEIL shall reimburse the fiscal year billing rates established annually by the Department of Human Services.</p> <p>Eligibility requirements will not be assessed in the case of involuntary inpatient hospitalizations.</p>
<p>Personal emergency response system COA 32-322</p>	<p>An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.</p>	MI, ID 0,0	DD 0	<p>Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>

Crisis evaluation COA 44-301	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode. This includes crisis screening and evaluation as defined in 441.24.10(225C).	MI, ID 674,8	DD 2	<p>Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year.</p> <p>Crisis evaluation within 24 hours.</p> <p>Present to local community mental health center or local hospital emergency department for assessment within 24 hours.</p> <p>Eligibility requirements will not apply for this service.</p>
Twenty-four hour crisis response services COA 44-305	Short term individualized mental health services following a crisis screening or assessment, which are designed to restore the individual to prior functional level.	MI, ID 674,8	DD 2	<p>Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year.</p> <p>Crisis evaluation within 24 hours.</p> <p>Eligibility requirements will not apply for this service.</p>
Home health aide services COA 32-320	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	MI, ID 0,0	DD 0	<p>The first unit of service shall occur within four weeks of the individual's request of community for community living.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Respite services COA 32-325	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	MI, ID 0,0	DD 0	<p>The first unit of service shall occur within four weeks of the individual's request of community for community living.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Supported community living COA 32-329 Client participation habilitation and HCBS waiver site COA 33-340	Services provided in a non-institutional setting to adult persons with mental illness or intellectual disability or developmental disabilities to meet the persons' daily living needs.	MI, ID 18,1 9,0	DD 7 0	<p>The first unit of service shall occur within four weeks of the individual's request for supported community living. Standardized functional assessment and/or designated enrollment assessment support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If</p>

				the individual meets the eligibility guidelines in this plan and is not eligible for any other insurance coverage, the service funding may be ongoing.
Home and vehicle modification COA 32-328	Is for physical modifications to the consumer's home environment and/or vehicle which are necessary to provide for the health, welfare, and safety of the individual, and which enable the individual to function with greater independence in the home or vehicle.	MI, ID 11,3	DD 0	
Prevocational services COA 50-362	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, benefit planning and staying on task.	MI, ID 0,0	DD 1	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established, if the individual is not eligible for Medicaid the service funding may ongoing.</p>
Day habilitation COA 50-367	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	MI, ID 1,1	DD 9	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Other vocational and day services COA 50-399		0,0	0	
Job development COA 50-364	<p>Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents.</p> <p>Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.</p>	MI, ID 0,0	DD 0	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>

Individual supported employment COA 50-368	Services include ongoing supports needed by an individual to acquire and maintain a job in the integrated workforce at or above the state's minimum wage. The outcome of this service is sustained paid employment that meets personal and career goals.	MI, ID 7,1	DD 9	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Group supported employment COA 50-369	Job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	MI, ID 0,0	DD 3	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Peer family support COA 45-323	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family home or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	MI, ID 0,0	DD 0	<p>An individual receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area to receive services.</p> <p>Offered as part of integrated health home services or through drop-in centers in the region.</p>

Peer support services COA 45-366	Program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	18,0	0	
Family psychoeducation COA 45-373	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	10,0	0	
Coordination services and Case management COA 21-375	Activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community. Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	MI, ID 0,1	DD 3	An individual shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility. An individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.
Health homes coordination COA 24-376	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	MI, ID 17,0	DD 0	An Individual shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility. An individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services. An integrated health home care coordinator may submit a funding request if an individual does not have Medicaid or the Medicaid application is in process. The IHH care coordinator will be required to submit the functional assessment to the county CDS upon completion. The coordinator of disability services may direct the individual to a provider that can complete a presumptive eligibility determination, i.e. the public health office, Federally Qualified Health Center (FQHC), local hospital in the county.

				Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Justice system-involved services COA 46-319 Mandated Service	Hospital services provided at Iowa Medical & Classification Center.	MI, ID 3,1	DD 1	Court Order
State resource centers COA 72-319 Mandated Service	Inpatient is for per diem charges at Resource Centers Glenwood and Woodward.	MI, ID 0,0	DD 0	Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.

Additional Core Domains	Description	Target Pop MI/ID	Add'l Pop	Access Standards
Commitment Related	Court ordered services related to mental health commitments.	MI, ID	DD	Court order
Evaluations COA 74-300	Diagnostic evaluations related to commitment used when an evaluation is performed related to a commitment under Iowa Code Section 229.	0,0	0	Eligibility requirements will not apply to these domains.
Sheriff transport COA 74-353	Used when transportations is provided related to a commitment under Iowa Code Section 229.	460,3	0	
Legal representation COA 74-393	Used when legal services are provided related to a commitment under Iowa Code Section 229.	614,11	0	Attorney Fees will be paid at the amount established in IAC 815.7(4).
Mental health advocates COA 75-395	The Code of Iowa, section 229.19, governs the MH Advocate position. The advocate is assigned to individuals under an involuntary outpatient civil commitment.	530,10	0	
Services management COA 22-this is broken into 100-104 and 110-117 and 376 and 399	Activities designed to help individuals and their families identify service needs and coordinate service delivery but which do not constitute case management as defined by the Mental Health and Intellectual Disability Commission.	MI, ID 375,150	DD 10	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.
Crisis care coordination COA 23-376	Service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programming, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living	MI, ID 264,0	DD 0	Referral after completion of a crisis evaluation. Eligibility requirements will not apply for this service.

	capacity, including case management.			
Justice system involved coordination COA 25-376	Service provided to individuals in in justice system.	MI, ID 293,5	DD 0	Referral from jail administrator based on initial intake into jail setting. Eligibility requirements will not apply for this service.
Community Support Program (permanent supported housing) COA 32-396	A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives; tenancy not predicated on services.	MI, ID 24,0	DD 0	Standardized functional assessment and/or designated enrollment assessment must support the need for this service Housing must be located in a county within the SEIL Region Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with a county or SEIL and submitted a medical exemption for Medicaid if they only have Iowa Health Link. Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines. Time limits of funding: through the initial SSA/SSI application, if denied continue support through the first appeal. If the appeal is denied continue support through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits. Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.
Basic needs rent payments Rent Payments COA 33-340 Ongoing rent subsidy COA 33-345 Other COA 33-399	Initial rent payments with defined time limits. On-going rent support provided through an organized program, to allow the individual to maintain an affordable home in the community or any payment of rental assistance including General Assistance. Used for other basic need. Includes payment for room and board homes, personal needs allowances.	MI, ID 9,0 8,0 0,0	DD 0 0 0	Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Support and rent at a supported community living habilitation waiver site. Housing must be located in a county within the SEIL Region. Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with a county or SEIL and submitted a medical exemption for Medicaid if they only have Iowa Health Link. Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines. Time limits of funding: through the initial SSA/SSI application, if denied continue support through the first appeal. If the appeal is denied continue support through the 2 nd appeal if a disability benefits attorney is involved. If the 2 nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits. Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months

				thereafter.
Community-based crisis stabilization Services COA 44-312	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	MI, ID 0,0	DD 0	Requires a crisis evaluation to determine level of care Eligibility requirements will not apply for this service. Time limit for funding is maximum of 6 weeks.
Residential crisis stabilization services COA 44-313	Services provided in short-term non-community based residential settings to de-escalate and stabilize a mental health crisis.	MI, ID 87,3	DD 10	Requires a crisis evaluation to determine level of care. This evaluation must be completed by a provider who is contracted by the region to complete crisis evaluations. Eligibility requirements other than being a resident from a county in the SEIL region will not apply for this service. Time limit for funding is maximum of 6 weeks.
Social support services/peer drop-in COA 42-366	Social support services i.e. Drop in Centers and Clubhouse Centers.	MI, ID 279,56	DD 8	Eligibility requirements other than being over the age of 18 will not apply for this service. Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.
24 Hour crisis line COA 44-346	24-hour crisis line telephone crisis service program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate services.	MI, ID 406,0	DD 0	Available 24 hours a day and seven days a week. Eligibility requirements will not apply for this service.
Residential care facilities COA 63-314 Client participation COA 63-314	Community facility providing care and treatment License for 1-5 beds.	MI, ID 1,0 0,0	DD 0 0	Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization.
COA 63-315 Client participation COA 63-315	License for 1-5 beds RCF/MR.	0,0	0	Funding is intended to be time limited to allow for individualized and integrated service eligibility to be established through Medicaid.
COA 63-316 Client participation COA 63-316	License for 1-5 bed RCF/PMI.	0,0	0	If the individual does not have a Social Security disability determination they must apply for Social Security Benefits, sign an Interim Assistance Reimbursement with a county or SEIL and submit a medical exemption for Medicaid if they only have Iowa Health Link.
COA 64-314 Client participation COA 64-314	License for 6 & over beds.	18,0	0	
COA 64-315 Client participation COA 64-315	License for RCF/MR 6 & over beds.	1,0 0,0	0 0	Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines.
COA 64-316 Client participation COA 64-315	License for RCF/PMI 6 & over beds.	3,0 0,0	0 0	Time limits of funding: through the initial SSA/SSI application, if denied continue support through the first appeal. If the appeal is denied continue support through the 2 nd appeal if a disability benefits attorney is involved. If the 2 nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.
COA 63-329 Client participation for RCF COA (1-6 bed)	Supported community living services and supports determined necessary to enable consumers to live and work in a community, and is provided in a licensed RCF facility 1-5	1,0 0,0	0 0	

63-329 for Habilitation COA 33-340 COA 64-329 Client Participation for RCF COA (6 & over) 64-329 for Habilitation COA 33-340	beds. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning. SEIL includes Habilitation 24-hour site services in this definition. The Department of Human Services establishes the State Supplementary Assistance rate for maintenance (client participation) of an individual in a nursing facility or residential care facility.			Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.
Information; referral services COA 03-371	Activities designed to remove barriers to meeting identified needs and to provide facts about resources that are available and help to access those resources.	MI, ID 625,80	DD 50	If provider related an access standard will be identified in the contract.
Consultation COA 04-372 COA 04-422 COA 04-429	Means advisory activities directed to a service provider to assist the provider in delivering service to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization. This can include mental health center consultation services. Planning and/or consultation services that are client related. Educational and training services means training related to provider competency in delivering co-occurring integrated services, trauma-informed services and evidence-based practices. Planning and management consultant's non-client related.	MI, ID 574,0 130,0 20,4	DD 29 0 10	
Public education services COA 05-373	Activities provided to increase awareness and understanding of the causes and nature of conditions and situations which affect a person's functioning in society. Services focus on prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect. Public awareness activities, which convey information about the abilities and contributions to society of all people; the causes and nature of conditions or situations which interfere with a person's ability to function; and the benefits that providing services and supports have for the community and for the individual. Activities should include educational and informational techniques that promote the person as an integral part of society and eliminate social and legal barriers to that acceptance.	MI, ID 16400,625	DD 500	If provider related, an access standard will be identified in the contract.
Homemaker services	Homemaking and personal care services.	0,0	0	Currently not funded by Region. (May be reflected in Program cost)
Prescription medicine	Prescription psychiatric medications for persons having a mental health diagnosis.	0,0	0	Currently not funded by Region. (May be reflected in Program cost)

Transportation	Transportation to day habilitation and vocational programs.	0,0	0	Currently not funded by Region. Individuals will be encouraged to use their personal funds to acquire transportation, which is made available to the general public/community at a discounted rate via regional transit authorities (i.e.: personal needs account fund to purchase monthly bus pass/transportation). (May be reflected in Program cost)
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Note: The numbers reflected associated with diagnostic populations, captures a projection of regionally funded individuals- unduplicated. MHDS Regions across the state have not been authorized to view Medicaid funded unduplicated counts of individuals served, nor do they have access to any other public or private third party payer information. Additionally, SEIL is in process of identifying best practices in reporting data which will have influence on future data counts related to Chart of Account Codes and services. The current population base of the SEIL region is 163,030 as per the 2016 US Census Estimates.

County, regional, private third party payment and state funding may be a resource or funding mechanisms for some of the above identified services. SEIL will continue to request information and to assist in identifying funding structures (including regional service expenditure funds) that will work congruently with each other to derive successful outcomes for individuals served. MHDS regions are considered a gap filler of services for eligible individuals and services that can compliment and reduce expenditure of the Medicaid service array. It is imperative and the objective of the SEIL region to ensure that funds from multiple sources be blended when possible to provide effective, efficient, and sustainable service to the core service populations of the region. The designated functional assessment tools will direct the level of care need and individualized treatment services required to facilitate integration and independence as per the direction of the Olmstead Plan. At present the Supports Intensity Scale (SIS) is the identified assessment tool for individuals with intellectual and developmental disabilities and the Inter-RAI is used for the other populations of HCBS waiver services and Habilitation. It is with some difficulty that these assessments can be secured for individuals due to lack of capacity in the professional implementation of the assessments as well as the recent transition of care coordination/assessment internal to the Managed Care Organizations. SEIL works with its contracted network of providers to gain access to these assessments and in its absence adheres to the clinical and professional treatment provider guidance. This is a strategy that the SEIL region will continue to pursue so to reduce duplication, decrease financial cost, and ensure that the system is not re-traumatizing or increasing anxiety of individuals by asking them to tell their personal stories repeatedly or routinely subjecting them to a litany of questions that have already been collected.

FY 2019 Budget	SEIL MHDS Region	MI(40)	ID(42)	DD(43)	BI(47)	Admin (44)	T o t a l
Core Domains							
COA	Treatment						
43301	Assessment & evaluation						\$ -
42305	Mental health outpatient therapy	\$ 6,000					\$ 6,000
42306	Medication prescribing & management						\$ -
71319	Mental health inpatient therapy-MHI	\$ 168,009					\$ 168,009
73319	Mental health inpatient therapy	\$ 258					\$ 258
	Basic Crisis Response						
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	\$ 648,961					\$ 648,961
44305	24 hour access to crisis response	\$ 814,436					\$ 814,436
	Support for Community Living						
32320	Home health aide						\$ -
32325	Respite						\$ -
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 247,265		\$ 24,780			\$ 272,046
	Support for Employment						
50362	Prevocational services						\$ -
50367	Day habilitation	\$ 317		\$ 25,897			\$ 26,214
50364	Job development						\$ -
50368	Supported employment	\$ 42,167		\$ 15,351			\$ 57,518
50369	Group Supported employment-enclave			\$ 7,734			\$ 7,734
	Recovery Services						
45323	Family support						\$ -
45366	Peer support						\$ -
	Service Coordination						
21375	Case management						\$ -
24376	Health homes	\$ 16,460					\$ 16,460
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$ 35,790					\$ 35,790
32396	Supported housing	\$ 9,973					\$ 9,973
42398	Assertive community treatment (ACT)						\$ -
45373	Family psychoeducation	\$ 56,108					\$ 56,108
	Core Domains Total	\$ 2,045,744	\$ -	\$ 73,762	\$ -		\$ 2,119,506
Mandated Services							
46319	Oakdale	\$ 7,200					\$ 7,200

72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	\$ 305,140	\$ 43				\$ 305,184
75XXX	Mental health advocate	\$ 164,541					\$ 164,541
	Mandated Services Total	\$ 476,881	\$ 43	\$ -	\$ -		\$ 476,925
Additional Core Domains							
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line	\$ 164,448					\$ 164,448
44366	Warm line						\$ -
44307	Mobile response						\$ -
44302	23 hour crisis observation & holding						\$ -
44312	Crisis Stabilization community-based services						\$ -
44313	Crisis Stabilization residential services	\$ 1,153,415					\$ 1,153,415
	Sub-Acute Services						
63309	Subacute services-1-5 beds						\$ -
64309	Subacute services-6 and over beds						\$ -
	Justice system-involved services						
46305	Mental health services in jails						\$ -
25xxx	Coordination services	\$ 280,569					\$ 280,569
46422	Crisis prevention training	\$ 20,000					\$ 20,000
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -
46399	Justice system-involved services-other						\$ -
	Additional Core Evidenced based treatment						
42397	Psychiatric rehabilitation (IPR)						\$ -
42366	Peer self-help drop-in centers	\$ 873,894	\$ 8,917	\$ 8,917			\$ 891,729
	Additional Core Domains Total	\$ 2,492,326	\$ 8,917	\$ 8,917	\$ -		\$ 2,510,160
Other Informational Services							
03371	Information & referral						\$ -
04372	Planning and/or Consultation (client related)	\$ 161,662					\$ 161,662
04377	Provider Incentive Payment						\$ -
04429	Planning and Management Consultants (non-client related)						\$ -
04399	Consultation Other						\$ -
05373	Public education	\$ 85,000					\$ 85,000
	Other Informational Services Total	\$ 246,662	\$ -	\$ -	\$ -		\$ 246,662
Other Community Living Support Services							

06399	Academic services						\$ -
22XXX	Services management	\$ 218,607					\$ 218,607
23376	Crisis care coordination	\$ 26,886					\$ 26,886
23399	Crisis care coordination other						\$ -
24399	Health home other						\$ -
31XXX	Transportation						\$ -
32321	Chore services						\$ -
32326	Guardian/conservator						\$ -
32327	Representative payee						\$ -
32399	Other support						\$ -
32335	CDAC						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)	\$ 1,923					\$ 1,923
33345	Ongoing rent subsidy						\$ -
33399	Other basic needs						\$ -
41305	Physiological outpatient treatment						\$ -
41306	Prescription meds						\$ -
41307	In-home nursing						\$ -
41308	Health supplies						\$ -
41399	Other physiological treatment						\$ -
42309	Partial hospitalization						\$ -
42310	Transitional living program						\$ -
42363	Day treatment						\$ -
42396	Community support programs						\$ -
42399	Other psychotherapeutic treatment						\$ -
43399	Other non-crisis evaluation						\$ -
44304	Emergency care						\$ -
44399	Other crisis services						\$ -
45399	Other family & peer support						\$ -
50361	Vocational skills training						\$ -
50365	Supported education						\$ -
50399	Other vocational & day services						\$ -
63XXX	RCF 1-5 beds						\$ -
63XXX	ICF 1-5 beds						\$ -
63329	SCL 1-5 beds						\$ -
63399	Other 1-5 beds						\$ -
	Other Comm Living Support Services Total	\$ 247,416	\$ -	\$ -	\$ -		\$ 247,416
Other Congregate Services							
50360	Work services (work activity/sheltered work)						\$ -
64XXX	RCF 6 and over beds	\$ 245,196					\$ 245,196

64XXX	ICF 6 and over beds						\$ -
64329	SCL 6 and over beds						\$ -
64399	Other 6 and over beds						\$ -
	Other Congregate Services Total	\$ 245,196	\$ -	\$ -	\$ -		\$ 245,196
Administration							
11XXX	Direct Administration					719027	\$ 719,027
12XXX	Purchased Administration					61105	\$ 61,105
	Administration Total					\$ 780,132	\$ 780,132
	Regional Totals	\$ 5,754,225	\$ 8,961	\$ 82,679	\$ -	\$ 780,132	\$ 6,625,997

(45XX-XXX)County Provided Case Management							\$ -
(46XX-XXX)County Provided Services						\$ 408,060	\$ 408,060

	Regional Grand Total						\$ 7,034,057.00
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Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	Distribution to MHDS regional fiscal agent from member county	\$5,719,163
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$611,823

REVENUE FY19

FY 2019 Budget	SEIL MHDS Region		
Revenues			
	Projected Fund Balance as of 6/30/18		\$ 8,960,793
	Local/Regional Funds		\$ 1,387,919
10XX	Property Tax Levied	1354225	
5310	Client Fees	0	
12XX	Other County Taxes	3235	
16XX	Utility Tax Replacement Excise Taxes	26459	
4XXX-5XXX	Charges for Services	0	
60XX	Interest	0	
6XXX	Use of Money & Property	0	
25XX	Other Governmental Revenues	0	
8XXX	Miscellaneous	4000	
92XX	Proceeds /Gen Fixed assests sales	0	
	State Funds		\$ 141,788.00

21XX	State Tax Credits	104959	
22XX	Other State Replacement Credits	36829	
2250	MHDS Equalization	0	
24XX	State/Federal pass thru Revenue	0	
2644	MHDS Allowed Growth // State Gen. Funds	0	
2645	State Payment Program	0	
29XX	Payment in Lieu of taxes	0	
	Federal Funds		\$ -
2344	Social services block grant	0	
2345	Medicaid	0	
	Other		
	Total Revenues		\$ 1,529,707.00

Total Funds Available for FY19	\$ 10,490,500.00
FY19 Projected Regional Expenditures	\$ 7,034,057
Projected Accrual Fund Balance as of 6/30/19	\$ 3,456,443.00

FY19 Levy Information

County	2016 Est. Pop.	Regional Per Capita	FY19 Max Levy	FY19 Actual Levy	Actual Levy Per Capita
Des Moines	39,739	42.60	1,692,881	0	0.00
Henry	19,773	42.60	842,330	0	0.00
Jefferson	18,090	42.60	770,634	594689	32.87
Keokuk	10,119	42.60	431,069	0	0.00
Lee	34,615	42.60	1,474,599	0	0.00
Louisa	11,142	42.60	474,649	0	0.00
Van Buren	7,271	42.60	309,745	167000	22.97
Washington	22,281	42.60	949,171	696072	31.24
Region	163030		6945078	1457761	8.94

FINANCIAL FORECASTING

SEIL uses historical internal accounting and service data from the regions data warehouse and various other queries, in addition to external market and economic indicators from other comparable sources to engage in financial forecasting. Much like FY18, FY19 is presenting to be a complicated projection as there are multiple driving factors in change to the region service

system. Anticipated sources of change include: changes to MHDS Regions legislated core services, modifications in payment structure for Medicaid, modifications to regulatory oversight of publicly funded services, modifications to the Iowa state plan, MCO contract variability as well as financial viability of each of the MCOs, prospect of additional MCOs providing service in Iowa, availability and financial health of providers of MHDS services, legislative changes to MHDS region funding, political philosophy in orientation and implementation of local resources related to MHDS, and variance of strategy at the direction of the regions Governing Boards/member county Board of Supervisors.

SEIL has engaged itself in processes to mitigate risk pertaining to many of the above mentioned complicating factors. Effective July 1, 2018, SEIL will fully execute pooling of funds so that services will be equally distributed across the entirety of the region and financial obligation for the collective array of service is accounted for in its entirety by the region without confusion of presiding governance for existing expenditure budgets. Administrative cost will be the only expenditures retained at the local member county level. The management plan is currently up to date to reflect a service matrix that is cohesive with the Medicaid service array for the core populations and allows for braided funding for many of the newly developed services (additional core). Use of eligibility and non-eligibility based services allows for common sense approaches to individual's service assistance that has financial as well as capacity implications to the larger system of care. Finally, SEIL has actively participated in speaking engagements and partnering opportunities with the public and other service systems/disciplines to diversify information and practice for the mutual benefit of facilitating service to Iowans.

Throughout the year; the SEIL Governing Board, Management Team, Advisory Board, Change Agent Team and local stakeholder workgroup will identify unmet needs and areas for service improvement and development via the Community Service Plan. Any service development will take into account the needs of the region residents, the availability of resources (financial, capital, provider, and personnel) and legislative action that will have implications for the SEIL strategy in meeting and maintaining the needs of the MHDS population. Furthermore, SEIL is committed to working with other MHDS Regions to ensure continuity in access, transition, and outcome reporting on a region wide as well as statewide aggregate basis.

PROVIDER REIMBURSEMENT PROVISIONS

Each service provider shall provide monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual co-payment or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to SEIL for each individual for the period.
- The invoice must contain the provider name, address, invoice date, invoice number and signature.

SEIL staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Services billed without service funding authorization shall be deducted from the billing.

All eligible bills shall be submitted no later than 60 days after the month the service was provided. Submitted invoices shall be paid according to the County Auditor claim cycle. This should usually occur within 60 days of receipt of the bill unless unforeseen circumstances exist or additional documentation is required. No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by SEIL unless there is a statutory obligation. Fiscal year for SEIL is July 1 – June 30.

SEIL uses a mix of fee-for-service, and capitated case rates for most of its services. It provides per capita contribution for negotiated rates only for specific population based activities where billing by individual served is impossible or impractical.

SEIL intends to partner with the Department of Human Services/Managed Care Organizations to help incorporate all sources of funding including medical assistance program funding, so that a person can receive benefits conducive to a whole person approach to health and wellness.

SEIL service contracts require that all providers meet all applicable licensure, accreditations or certification standards; however, SEIL will make serious efforts to stimulate access to more natural supports and/or non-traditional providers in its service provider network. Successful attainment of positive outcomes, individual and family satisfaction, cost effective measures are the most important factors in continued network participation. SEIL has identified access points within each county of the region congruent with the physical location of that county's disability service coordinator to assist individuals or their representatives to apply for services.

SEIL has identified the following providers currently contracting and/or in business association with their respective host county and have shared their interest and intent to work with SEIL. Additional providers may be added throughout the year as services are developed to meet the continuum of service needs of individuals. Additionally, there are numerous agencies working diligently within our eight county region serving individuals with disabilities and their families without SEIL funding. SEIL will continue efforts to reach out to all agencies for input and involvement in planning as we all work toward the common good and goal of facilitating growth and opportunity for people with disabilities in their communities.

AGENCY/ORGANIZATION	AGENCY/ORGANIZATION
Access2Independence	Jefferson County Board of Supervisors
ADDS	Jefferson County Health Center
AmeriGroup	Jefferson County Public Health
Burlington Police Department	Keokuk County Board of Supervisors
Community Health Centers of Southeastern Iowa	Keokuk Area Hospital Unity Point
Counseling Associates	Kirkwood Community College
Department of Corrections	Lee County Board of Supervisors
Des Moines County Attorney	Lee County Health Department
Des Moines County Board of Supervisors	Lee County Sheriff's Office
Des Moines County Sheriff's Office	Life Long Links
DHS Targeted Case Management	Louisa County Board of Supervisors
Dr. Kantamneni	Milestones AAA
DVIP	NAMI
Eighth Judicial District	New Choices
First Resources	Optimae Lifeservices
Fort Madison Community Hospital	Prelude
Goodwill of the Heartland	REM
Great Prairie AEA	River Hills Community Health Center
Great River Addiction Services	Salvation Army
Great River Medical Center	Self Reliance
Great River Mental Health	SIEDA
Henry County Board of Supervisors	Southeast Iowa Link Advocate
Henry County Health Center	Southeast Iowa Regional Planning
Heritage AAA	Southern Iowa Mental Health Center
Higgins and Associates	Systems Unlimited
Hillcrest Family Services	Tenco
Hope Haven Area Development Corp	Transition Link
Indian Hills	Van Buren County Hospital
Insight Partnership Group	Washington County Board of Supervisors
Integrated Telehealth Partners	Washington County Hospital and Clinics
Iowa Hospital Association	Washington County Sheriff's Office
Iowa State Association of Counties	Washington Schools
Iowa Vocational Rehabilitation Services	WCDC/AES
Iowa Workforce Development	Young House Family Services